Insanity following Surgical Operations. C. T. DENT. Journal of Mental Science, April, 1889.

A surgical operation may disturb the mind by anticipation; by the pain, the relief or the shock of the actual operation; and by its after effects, the letting down of the mental tension, or the absence of a physical part that has been the center of over-subjectivity. It is to attacks of insanity which follow the operation, after a short period of normal mentality, that Dr. Dent devotes the bulk of his paper. He reports a number of cases, several from his own practice, but without attempting to trace the origin of the trouble on its psychic side. In a majority of the cases no tendency to insanity, personal or hereditary, could be found, and yet acute and chronic mania followed in some, and melancholia and dementia in others. The interval of sanity distinguishes such cases from those where the disturbances are due to the anaesthetic; and the trouble is not to be traced to a special antiseptic material, for the same was not always used. The author believes that these cases are rather overlooked than rare, and writes to encourage their observation.

Ueber die Auslösung von Schmerzempfindung durch Summation sich zeitlich folgender sensibler Erregungen. Ein Beitrag zur Physiologie des Schmerzes. NAUNYN. Archiv f. experim. Pathol. u. Pharmakol., Bd. XXV, H. 3-4.

Somewhat in continuation of earlier studies on disturbances of sensibility in tabes, the author now reports experiments on a peculiar kind of hyperaesthesia in certain cases, mostly of tabes, in which the summation of stimuli, individually painless, produced pain. The stimuli, 60–600 a minute, were induction shocks or touches with a needle, blunt wire, or fine hair-pencil. Successful application was generally limited to areas on the sole and top of the foot, which were inconstant as to position, and sometimes wholly disappeared. The cases fall into two groups. In one the pain entered somewhat abruptly after from 3 to 45 secs., rose to a maximum, and after a few seconds ceased, whether the stimulation ceased or not; occasionally it returned after a period equal to the first delay. The pain was generally located at the point of stimulation, but sometimes extended over one leg or even both. It was accompanied also in many cases by reflex movements of the skin. Single rather severe needle-pricks produced the same kind of pain (in both cases disproportionate to the stimulus) after a delay of 2–4 secs. In the second group the pain did not cease while the stimulation continued, reached its maximum more slowly, and the reflexes were less marked. There was here less delay in the pain produced by single stimuli than before, and sometimes none at all. In a single case of transverse disease of the cord the pain was frequently felt on the other side at the point symmetrical to that stimulated. For the details of the experiments and the variations of result with individual subjects, as also for a full clinical description of the cases, the original must be consulted. The most important general result was that the length of the delay in the entrance of the summation pain depended far more on the rapidity than on the kind or intensity of the stimuli. The same was found by Stirling and by Ward for reflexes, and other points of similarity are traced by the author. Pain of the kind in question, and perhaps all pain, he holds, depends